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ABSTRACT

The manual is designed to help Washington state school districts and multidisciplinary assessment teams comply with state and federal rules and regulations regarding assessment of preschool handicapped children. The introductory section focuses on the developmental characteristics of the preschool child. Eligibility criteria in cognitive, receptive language, expressive language, gross motor, fine motor, sensory, social, and self help functioning are discussed. Also addressed are situations in which unnecessary referrals are made. General guidelines in testing preschoolers are followed by considerations in physical arrangements, ways to establish rapport, reinforcement, and management. An annotated bibliography of 28 tests concludes the document. (CL)

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PRESCHOOL ASSESSMENT MANUAL

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I. Introduction

These guidelines are written to help school districts and multidisciplinary assessment teams, in particular, comply with the new rules and regulations relating to services for developmentally handicapped preschool students. Appended to this manual you will find a copy of the relevant section of the Special Education rules and regulations, WAC 392-171-381.

Section I of this manual contains a general introduction to the developmental characteristics of the preschool child. Section II delineates the criteria to be employed in assessing the preschool child's eligibility for special education services. These criteria are discussed for each of the 8 developmental areas specified in WAC 392-171-381. Also included in this section is a discussion of what to do with children who appear to need services but don't quite meet eligibility and with those students who qualify but might not necessarily benefit from placement in a preschool handicapped program.

In Section III, specific assessment strategies to obtain an accurate picture of the preschool child are presented, including special considerations in standardized testing of preschool children and the role of non-standardized, naturalistic observations in eligibility assessment.

Finally, an annotated bibliography of assessment tools which have been found to meet the criteria for establishing eligibility in this state, is included with the manual. WAC 392-171-381 requires an individually administered standardized or professionally recognized developmental scale which results in chronological age equivalent scores.

II. Developmental Characteristics of the Preschool Child

The preschool age child is in a unique developmental stage. Skills are being acquired at an incredible pace, and most environments are novel and quite interesting places to be. While it is often enjoyable to be around preschoolers, their developmental characteristics can make an assessment process a demanding operation. A basic understanding of the nature of the preschool child can make it easier to cope with this process.

Of primary importance is an understanding of the degree of socialization preschoolers demonstrate. In short, their social experiences are quite limited. This will typically mean that conducting an assessment will be more difficult with a preschooler. They do not generally have a response set for structured situations; they may not understand they are supposed to sit in a chair at a table and comply with what an adult tells them to do for an hour or so. Older children who have been in school settings for varying amounts of time better comprehend this process.

Limited socialization also translates into less susceptibility to simple verbal control. Not only do preschoolers need to be told what to do, they frequently need to be shown. A verbal instruction of "wait!" may need to be accompanied by holding the child's hands on the table while you finish preparing the task at hand. Similarly, preschoolers tend to be pleasure seekers, and do only what is attractive at the moment. They have a very difficult time dealing with delayed gratification, and can become rather difficult to control when their desires are thwarted.

Beyond limited socialization, other characteristics add to the uniqueness of the preschooler. They tend to become more unsettled or disorganized by unsatisfied primary needs, such as being hungry or tired. They definitely tire faster than older children and cannot tolerate long assessment sessions. Their attention spans are shorter for specific tasks as well. Also, preschoolers can be emotionally rather labile. It is not surprising to see them happy and involved one moment; sullen, pouty, or displaying their temper the next.

Another feature unique to preschool children involves their use of language. Language development progresses rapidly during the preschool years, although ability will vary widely at different age levels. Preschools do verbalize less often than they act on their desires and intentions, and it is difficult to hold conversations with children two, three, or four years old. This is especially true if you happen to be a novel adult, interacting with a child for the first time. Preschoolers are naturally wary of unfamiliar adults, and frequently hesitate to perform in these situations. Language is often an area in which they choose to hold back. It is important to realize that preschool children have limited language skills to begin with, and communication may involve observing the child's actions as well as listening.

There is an important positive side to the nature of preschool children. They are quite spontaneous and engaging (once over initial wariness) and generally thrive on positive adult attention. Further, they are usually eager to play with preschool test materials, and don't tend to approach assessment sessions as "work". Although they may need to have their play directed to the task at hand, it is usually a simple task to gain their interest. Their playfulness is an asset which can be used to the advantage of both the adult and child.

Most frequently, preschoolers are referred for assessment because of apparent language delay. While sometimes problems can be as specific as that, often language deficiencies are just the most obvious problem in a pattern of general developmental delay. Specific referral concerns can be misleading or only partial indications of deficit areas. A total team evaluation should be conducted to assess all areas of functioning as per the assessment requirements in WAC 392-171-341 through 351.

III. How to Establish Eligibility as per WAC 392-171-381

A. Any child below the chronological age of eligibility for first grade is eligible to be considered for services by the assessment team. No fewer than three persons shall constitute this team. One of these must be an early childhood education specialist or a specialist in the developmental area in which a disability is suspected. The specialty of the other two members of the multidisciplinary team can vary, but would hopefully also be related to the child's suspected disability. These other two positions on the team are to be filled from the following specialties: psychologist, physician or other qualified medical practitioner, audiologist, occupational or physical therapist, nurse, communications disorders specialist, teacher, or social worker. Presumably each school district would assemble a team of at least three such individuals who also have particular skills or interest in the preschool population.

The child must be assessed using individually administered instruments which yield age equivalence scores, such as those described below, and results must show a 25% delay in development in at least two of the eight areas specified in WAC 392-171-381, in order for the child to be eligible for services. Furthermore, WAC 392-171-381 requires an annual multidisciplinary assessment for continued special education placement. It is important to note there are two exceptions to the rule of 25% deficit in two areas: 1) presence of a documented medically diagnosed congenital syndrome or 2) presence of evidence that the child is at high risk for future developmental delays. In either of these cases, the assessment team may recommend special education placement without the requisite documented 25% delay in two areas of development.

Finally, a student can remain eligible for a preschool program for developmentally handicapped students for the balance of any school year even if that student reaches first grade age during the year. However, in the next year, that student would have to qualify as a school age child.

For most of the students assessed, the standardized tests will yield fairly unequivocal results which are consistent with the informal behavioral observations by the assessment team, resulting in an easy determination of eligibility. A disproportionate amount of the team's time will most likely be devoted to discussions of that small numbers of children who seem to need services, but who don't quite meet the standardized eligibility criteria. Examples of such cases would be: 1) a child who does not have a specific congenital syndrome but who is "dysmorphic" in the opinion of a physician and shows some developmental delay; 2) a child who shows some general developmental delay but has

a 25% deficit in only one area; 3) the child with excess rather than deficit behavior, i.e., the disruptive child; and 4) the difficult-to-test child. The rules and regulations clearly provide an avenue for the exercise of the professional judgment of the assessment team in establishing the eligibility of children such as these: WAC 392-171-381 states that the assessment team may recommend special education placement for cases where it, "has documented that the student has a high predictability of future developmental delays and is in need of special education and related services." It is the intent of the WAC regulation that behavioral observations by members of the assessment team can be used to document eligibility in cases where a need for special education services is evident but the child does not meet the requirement of 25% deficit in two developmental areas. Assessors should be as specific as possible in stating exactly what they observed that led them to make a professional judgment that a given child is eligible for services.

B. Criteria for Assessing Eligibility

1) Cognitive. Cognitive skills are generally measured by psychologists, and usually involve the use of intelligence tests. This is basically true of preschool assessment, with the possible exception of testing infants' cognitive abilities. Infant tests are considered tests of development rather than intelligence, per se, and are at times administered by professionals other than psychologists. The Bayley Scales of Infant Development is such a test.

As noted in the section above, a 25% delay is required to meet the eligibility criterion. However, tests of cognitive ability most often employ the standard score format, as opposed to a Mental Age or ratio format, which makes providing a score representative of 25% delay unfeasible. The Stanford-Binet, the intelligence test most frequently used with preschoolers, does provide a mental age score. However, that score is meaningless now that the Binet has been renormed to a standard score format (although you can produce a mental age score by determining the MA once you have fund the IQ in the tables: $\frac{X}{CA} \times 100 = IQ$; solve for X). The WPPSI also uses only standard scores, but does provide for the assignment of a functional age equivalent on the basis of the child's raw score (this process is described in the manual).

When assessing a child's cognitive status with a standard score test, how can you determine if the child meets the eligibility criteria? Some latitude can be granted which takes into account the standard deviation. Most tests of

cognitive ability have a mean of 100 and a standard deviation of 15 or 16. One standard deviation (SD) is not sufficient to warrant eligibility, but two SDs below that mean certainly is. In fact, two SDs as a cut off point for eligibility would generally exclude many needy children. As a general rule of thumb, performance of 1 1/2 SDs below the mean is sufficient to warrant serious concern and eligibility for services.

Assessing for eligibility in the cognitive area can be accomplished any number of ways, depending upon three general factors: the child's age, the child's predominant difficulties, and the examiner's preference for (and comfort with) particular tests. The choices for tests are varied, as can be seen in the bibliography at the end of this manual. However, some guidelines can facilitate this process.

For children under 30 months of age, the Bayley Scales is the test of choice, and only the mental scale need be given to satisfy the criterion in the cognitive area. It is also useful for children older than the age norm limit of 30 months. It is frequently used on children 2 1/2 - 5 years of age who are suspected to have moderate to severe delays, and are unlikely to be able to earn a basal age at year II on the Stanford-Binet. With children above the age norms, the raw score on the Bayley can be converted to an age equivalency to meet eligibility requirements.

For preschoolers 3 to 5 years of age, the choice is varied. The Stanford-Binet is the most commonly used instrument because of its fine standardization and norms, and the general attractiveness and game-like quality of the items. The WPPSI can also be used, but because the age norms begin at age 4, it is often quite difficult for 4 year old children with problems. It is much easier for children age 5 with suspected cognitive delay. The McCarthy Scales can also be administered between ages 2 1/2 to 5. However, it should be noted that many clinicians have fond the McCarthy to underestimate children with cognitive problems, from 8-12 points in comparison to the Binet. Interestingly, the same discrepant results have not been noted when testing normal children.

Specific problem areas may also dictate choice. Severe language delayed or deficient children require nonverbal assessment instruments such as the Leiter or the Columbia. The Leiter is perhaps the better choice (conceptual material is more varied, and children enjoy the task). However, the Leiter standardization is quite old (1948) and tends to overestimate functioning. Both the Leiter and Columbia

can also be used with severe motor problem children (spastic quadriplegia), where the examiner can point to the various materials and have the child indicate the correct response.

The tests noted above are not inclusive; there are obviously other tests which may be appropriate. However, those noted above are generally sufficient and preferred. Some others are listed in the annotated bibliography.

2) Receptive Language. Receptive language skill refers to a child's ability to comprehend language and its grammatical structure when spoken. With preschool children, there is often a high correlation between receptive language skill and cognitive ability as much problem solving depends upon understanding of what is being demanded; however, this is not always the case. Receptive language skill is generally assessed by a trained speech pathologist or Communication Disorder Specialist (CDS).

As a discrete ability, receptive language assessment is a relatively straightforward process, and not subject to the same amount of variability as in cognitive assessment. However, there are a number of ways to go conduct such an assessment depending on the child's age and the examiner's preferences. Often, tests of receptive language ability are a part of a comprehensive language assessment instrument which also measures expressive language skills (SICD, ITPA, etc.).

Depending upon the age of the child, various instruments are available to assess receptive language skill for eligibility. For children under age 2, the SICD receptive scale yields an age score, which allows the easy transition to identification of a 25% delay. The Alpern-Boll Development Profile may also be considered, but the Communication skill section does not discriminate between receptive and expressive skill. Choices are limited for standardized assessment of children under age 2. Informal assessment by a qualified CDS, using generally accepted normative standards may be appropriate under circumstances in which limited test data are available.

For children between ages 2-5 years, a number of appropriate tests exist. The Peabody Picture Vocabulary Test provides both a standard score and mental age for children 2 1/2 and older. The SICD would also be appropriate, as well as the Test for Auditory Comprehension of Language (TACL). The TACL is normed for children aged 3-6 years and provides an age score (also a standard score and percentile rank). It measures comprehension of 1) classes and function words, 2) morphological constructions, 3) grammatical categories, and 4) syntactic structure. The Illinois Test of Psycholinquistic Ability (ITPA) includes some subtests which measure receptive skill (eg. Aduitory Reception, Auditory Association) and provides age scores on the individual subtests.

It is normed on children aged 2 years 4 months to 10 years. It should be noted however, that many preschool children find the entire ITPA long, difficult, and boring. It can be an ordeal to administer.

Again, the above mentioned tests are not an exhaustive list of possibilities but do represent the better tests available. Administration of a single test would be sufficient, although ITPA subtests might well be substantiated by other assessments; multiple measures usually provide more complete information.

3) Expressive Language. Assessment of the preschool child's actual language production is often done by both informal assessment of spontanteous language samples, as well as by standardized testing. There are fewer appropriate instruments to measure expressive skill in comparison to receptive skill.

Informal assessment of spontaneous language samples is common and critical to the evaluation of expressive skill. Written language samples are analyzed for content, structure and length of utterance, and compared to generally accepted normative information on preschool childrens' language development by trained speech pathologists and CDSs. Such an evaluation can produce age equivalents for expressive skills and satisfy the eligibility criterion.

While such informal evaluation is acceptable, there are standardized or normed instruments which can also be used. Again, these are dependent on the child's age and the examiner's preference. The SICD provides some of the lowest age norms (down to 4 months) and provides standardized measurement up to age 48 months. The Developmental Profile may also be used, but expressive skills must be separated from the receptive. The Developmental Profile has norms down to 3-6 months of age.

For older children, the ITPA has some expressive language subtests which are appropriate (Verbal Expression, Grammatic Closure). In addition to the SICD expressive scale, there is also the Development Sentence Scoring (DSS), a standardized instrument for children aged 3 to 8 years. Its primary focus is grammatical structure, and it provides age scores and percentiles which makes establishing a 25% delay an easy process. There is also the Carrow Elicited Language Inventory (CELI), a measured normed for children aged 3-8 years. It basically involves imitation of progressively more complex sentences, and provides a standard score as well as percentile rank.

The above list is not exhaustive. It excludes some measures which have been poorly structured, poorly normed or standardized, and which may involve only parental report (eg. Receptive-Expressive Emergent Language Scale). The critical aspect of assessment of expressive language skill is the use of informal procedures and their validity for establishing eligibility. Analysis of informal and spontaneous language is frequently the most comprehensive and useful assessment.

4) Gross Motor. Assessment of gross motor abilities with a preschool child bears some similarity to assessment of expressive language skill in that it is frequently accomplished through informal procedures, with a child's skills compared to generally accepted age norms. This nonstandardized developmental motor assessment is performed by a trained physical or occupational therapist, and is accepted as comprehensive and valid. A developmental age is produced by such an evaluation, which can then be formulated to assess a 25% delay. The same holds true for the assessment of fine motor skills, which is discussed in the section immediately following.

Although informal assessment is appropriate, several formal assessment tools exist. For children 30 months or younger the Bayley Motor Scale is generally the best measure as it is a standardized assessment which provides a standard score as well as an age equivalent. It is relatively quick (15-20 minutes), but does require some materials which do not come as standard equipment with the test (a set of 3 step stairs; balance beam). As with the Bayley Mental Scale, it is also appropriately used with children older than 30 months who have suspected moderate to severe delays.

The Peabody Developmental Motor Scales is another instrument which provides a normed assessment of gross motor skill. The Peabody is not a standardized instrument, but it is normed. This makes the Bayley the instrument of choice for children under 30 months of age, even though the age norms for the Peabody range from birth to 7 years. The Peadbody contains many more items than the Bayley, which can lead to making finer discriminations in skills. However, there is at present no current manual to accompany the items, and no equipment that comes with the test. Further, there is no standard size for the equipment called for in the test. The Peabody does provide an age score for documentation of the 25% delay for eligibility in the gross motor area.

There are additional tests, most of which involve the use of parental report. The Alpern-Boll Developmental Profile is one, although the Physical scale does not differentiate between gross and fine motor skills. The Preschool Attainment Record (PAR) is another interview based tool, for use with children 6 months to 7 years of age. Like the Developmental Profile, it does not divide the motor area into fine and gross skills, but it does provide an age score. There are numerous other tests of general development which include some motor sections, but for the most part these do not provide sufficient breadth to provide a comprehensive evaluation in this area. Generally, the Bayley and the Peabody are considered the preferred instruments, along with the consideration of informal assessment noted earlier.

5) Fine Motor. Gross motor and fine motor abilities are perhaps the two most closely tied areas in the developmental sphere where assessment is considered. All of the considerations under the Gross Motor the section above are applicable to the fine motor area. Informal assessment is again a standard procedure, in which a child's demonstrated abilities are compared to generally accepted age norms. Also, the Bayley and Peabody are among the best measures, but are not the only preferred tests of fine motor skill. The Bayley does not differentiate fine and gross skills, and perusal of the items indicates a heavy emphasis on gross as opposed to fine motor abilities. The Peabody does have a separate fine motor scale, again for ages birth to 7 years. Both the Bayley and Peabody scores provide age equivalents which can form the basis of the 25% delay criterion.

Another standardized test which can be used is the Developmental Test of Visual-Motor Integration (VMI). The VMI is a measure of visual perception and fine motor coordination. Age norms are available from age 2, and scores are reported as age equivalents.

Any one of the above tests should be sufficient to establish eligibility in the fine motor area, as should the informal assessment techniques of the trained OT/PT.

6) Sensory. Assessment of sensory deficit to establish eligibility is perhaps the most complicated of all the areas, because sensory deficits can be so varied (visual, auditory, perceptual, tactile, kinesthetic, etc.), and sometimes do not conform to the traditional concepts of testing deficits (eg. blindness or visual impairment; deafness or hearing loss).

To adequately establish eligibility for special services, some medical definitions need to be established. Visual impairment is obviously a sensory deficit, but establishing a 25% loss of vision may not be what is critical in this regard. Opthamologic testing of visual ability is necessary to determine degree of impairment, and then corrected vision can be assessed. Type of visual impairment also needs to be considered. In these regards, the decision on eligibility might best be determined by agreement of the assessment team on the specific needs of the child. The same considerations would hold true for children with hearing impairments.

There are some tests of visual abilities and auditory abilities which can be helpful in meeting the eligibility requirements of a 25% delay in skill. The VMI provides a measure of visual perception with age norms from age 2 to 15 (discussed more specifically under the fine motor area). Further, some subtests of the ITPA may offer some data on visual abilities (eg. Visual Closure). Older children can be administered the Southern California Sensory Integration Test (SCSIT). The SCSIT is a standardized test of numerous sensory abilities, normed for children aged 4 to nine years. The test provides standard scores for abilities in each of the subtest areas which include skills such as space visualization, figure-ground perception, position in space, design copying, kinesthesia, manual form perception and numerous other areas. The standard scores are noted in standard deviations, and can be interpreted in the same manner as standard scores on cognitive tests. The SCSIT test is quite difficult to use with 4 year olds who have developmental difficulties even though norms are available. It might be used earliest at 4 1/2 to 5 years of age.

Tests of auditory deficits usually involve children making discriminations between words or verbal information. Again, some subtests of the ITPA may provide the necessary data (eg. Auditory Reception). Also available for older children are the Wepman Auditory Discrimination Test and the Goldman, Fristoe, Woodcock Test. Neither of these tests provide age scores, but the G-F-W does provide a standard score.

Another major sensory area involves perceptual abilities (visual-perceptual and perceptual motor). Visual perception was discussed above. Tests of perceptual motor skill generally do not have sufficiently low age norms to be useful with the 0-3 population. In this regard, informal assessment procedures may be worthwhile if performed by a professional with some background in this area. Further, segments

of tests can be used to measure these skills at early ages by taking items from tests of cognitive and motor skills. While not a standardized assessment, this would give a rough approximation of the age level of these skills.

A number of tests for older preschoolers are available. The SCSIT provides measurement of perceptual abilities in a number of areas, and provides a standard score for eligibility requirements. The Bender-Gestalt Test for children is another test of perceptual-motor functioning, although age norms begin at 5 years of age. The Frostig Developmental Test of Visual Perception which provides an age score on perceptual-motor functioning, is appropriate for children aged 3-5 years.

Some flexibility in assessing sensory deficits is necessary in establishing eligibiity for preschoolers. The nature of sensory deficits is such that a team recommendation on the basis of opthamological and audiological evaluations may form the basis of the eligibility claim, perhaps substantiated by testing of visual, auditory, and perceptual abilities. Whenever possible, the use of one or more of the test noted within this section should be used to validate the team decision.

7) Self-Help. Self-help skills is a difficult area in preschool evaluation because it is difficult to assess these abilities directly in the context of the "testing situation." As such, self-help skills are most appropriately assessed by parental report measures.

A number of such measures exist and can satisfy eligibility requirements in this area. The Developmental Profile provides an age score for self-help development. Also, the Vineland Social Maturity Scale presents an interview formal measure of self-help skills from ages 3 months to adulthood. Scores on the Vineland are ages scores, minimally standardized, but would suffice to establish a 25% deficit. The AAMD Adaptive Behavior Scale is another questionnaire assessment of self-help skills for children 3 and older, and provides a standard score which can be used to assess eligibility.

Any one of the above instruments, all of which are widely available, can be appropriately used to establish eligibility in the self-help area.

8) Social. Many of these skills are difficult to directly test and may therefore be best assessed by parent report measures and observation of the child interacting with parents and peers. The Alpern-Boll Developmental Profile provides an age score for social development. The Vineland or AAMD scale could also be used. A more sophisticated instrument, designed for use by psychologists with specialized training, is the Personality Inventory for Children, which is similar in format to the MMPI personality inventory for adults. This instrument yields a profile which includes a social skills scale. It is administered as a parent questionnaire. Even if a 25% deficit score is obtained in this area, it would be appropriate to also include a supportive observational report documenting the exact nature of the social skill problem and any known causal factors. A rating scale report, like the Burks, could also be used to establish if the social difficulties occur all the time or only in some settings.

Special Considerations in Establishing Eligibility

1) Unnecessary Referral. There are likely to be situations in which a child would prove eligible for services by meeting the 25% criteria, but would not necessarily need special educational placement. It is important to understand that documented 25% delays in two areas does not make placement mandatory. If the preschool child can be served more appropriately in other ways, then alternative placements should be pursued and no referral for special education made. The issue is one of not over referring for service.

Some examples may help to clarify this point. If a preschooler is assessed and found to have greater than 25% delays in both receptive and expressive language, but is otherwise age appropriate, then a referral to special education may be unnecessary. It may make more sense to refer only for speech therapy. The same would hold true for gross and fine motor delays where all other skills are intact. Another situation in which over referral can occur is with a preschooler who as a behavior problem. Often, a preschool child with behavior problems will not be able to perform well on testing because of withholding, refusals, or some other antagonistic or oppositional response. As such, score on tests are likely to produce 25% deficits and establish eligibility. Such performances can be misleading, and the type of referral most needed may be for individual child psychotherapy and behavior management rather than special education placement.

These are only a few examples, and it is incumbent upon the educational assessment team to be aware of cases in which documented eligibility may prove to be over-referral. Often, there are ancillary services available through the school district or in the community which are appropriate and adequate to assist these children.

2) Non-Documented Eligibility. In contrast to the potential problem of over referral, there are instances in which eligibility for services may be recommended without documentation of the 25% delay criteria, or when assessment has been completed but two areas of 25% delay were not found, but intervention seems appropriate. The assessment team may recommend eligibility in these cases.

It is not uncommon to find preschool children referred for evaluation who demonstrate only marginal delays in a number of areas, and perhaps only meet the 25% criterion in one area. Often, judgement can be made that such a child would not survive 'academically' in regular types of programs. However, if these children are placed in a special preschool now regular school placement will be likely when the child is of kindergarten age. Such a child could be recommended as eligible for services. Also, there are cases of preschool children with medical syndromes, in which the course of the syndrome typically involves declining developmental skills. Although these children may not prove eligible when first diagnosed and assessed, special services may be appropriate. Further, accommodation needs to be made for those children with severe hearing losses or deafness as their only apparent deficit area and those children with severe visual impairment or blindness as their only apparent deficit area.

Again, these are only a few examples of when eligibility can be established without the documentation of 25% delay in two areas. The discretion of the assessment team is the criterion in such cases, weighing the factors of need, educational benefit and availability of programs and services.

IV. Issues in Testing Preschoolers

A. DO YOUR HOMEWORK. Know your procedures to the point of overlearning. Though you will want to keep your manual handy, you must know what to do so well that it flows naturally; you must be sensitive to the child and maintain more or less constant eye contact. (If you stop to read a paragraph in your manual, the child isn't likely to wait for you.) Know your materials so you can reach for them out of the corner of your eye.

B. Maintain control of the situation. Let there be no doubt who is in (benevolent) charge. If control becomes an issue, stop the testing until that is settled. You may need to play a game, take a break, enlist the parent's help, retreat to items the child can do more easily, or some other tactic, but don't let things get out of hand. Some children will require multiple sessions to complete testing.

C. Take your time and suit your tempo and decibel level to the child. Some appreciate a boisterous approach while others are quiet and fragile.

D. Remember that you will need to earn the child's attention and cooperation. Don't let the situation drag or become a tug of war. Sometimes you can't avoid some unpleasantness, especially with unhappy, rebellious children, but in a standardized situation it is up to you to establish the best rapport you can and to elicit the child's best effort.

V. Physical Arrangements

A. Declutter the room. You and the test materials should be by far the most attractive stimuli available. Pay particular attention to "child-proofing" the testing area before you bring in the child.

B. With children up to three years, you will probably do best with the parent present, and no other children (unless the infant is quite small). Being in the room while another child is getting all the attention can seem cruel to siblings, aside from its being potentially very disruptive. For children over three years of age, you may also want the parent present. This gives a good chance to observe their interaction (see below), reassures the child, and also gives parent the opportunity to know the basis for the opinions you will be expressing later.

C. Control your materials. With infants up to six months, it is OK to have your rattles, etc. in sight, but after that the only materials visible and/or accessible should be those for the task at hand. Establish the expectation that once the child completes this item, a new and pleasant one will ensue. A low chair with your test kit next to your side, in the corner of the room, is a good arrangement, back of open lid facing the child, or kit closed.

D. Make sure the child is comfortable. The chair and table should be supportive, the lighting sufficient, etc.

VI. Establishing Rapport

A. Rapport-building starts with the way parent prepares the child for the experience. In order to influence this preparation, allay the parent's anxieties as best you can. Assure the parent that most children enjoy the "games." Tell the parents that you will be looking at the different things children will do with new materials, observing what things are easier and harder, how the child expresses his ideas, etc. Avoid words like "test," "examination," "evaluation." Indicate you are looking forward to working with the child.

B. Meet the child at the front office or lobby and spend a little time there. You might take a little toy in your pocket. Greet the child, but don't overpower him/her. You may want to talk more to parent and let child look you over, then hand the toy to the child. Next, invite them into your room, by saying something such as, "Have you been to this school before? I have a book here I thought you'd like. Let's go see it." or "Time to play games now. I'll show you where they are."

C. Let the parent carry the child, if necessary, and you carry paraphernalia. Settle everyone in their appropriate chairs (seat the parent(s) out of the child's line of vision). Explain to the parent briefly and conversationally what you are doing, but remember that the child is listening to both your tone and your words.

D. As soon as the child is comfortable, lead into the situation with a relatively easy task. Then praise the child, e.g. "You know how to play these games!" Do not let the child play with test materials to get comfortable. Have another toy if necessary. It's handy to have a couple of appropriate toys to give the child when you later need to catch up with recording and scoring.

VII. Reinforcement

A. Positive reinforcement is your most potent tool; use it. Attend to the behavior you like. Nodding, smiling, and appreciative noises may be as effective as your words. Be sure to reinforce effort, which may or may not be accompanied by success.

B. Try to ignore or circumvent the behaviors you don't like. The parent may be able to give you help, or may make things worse. If you can spot the reason for negative behaviors, such as fatigue or needing to change position, take care of that first. If behaviors persist, you may need to "turn off" attention until more positive ones appear, at which point you "turn on." If

child escalates the negatives, it often helps to stop the whole situation and return to chatting with the parent until the child is ready to sit down. Then be prepared to go ahead without recriminations.

C. You may need to use primary reinforcers (e.g. cheerios) or an amusement (e.g. "blowing bubbles") as a reinforcer for good behavior. For example, you might tell the child: "When you finish this (task), I'll find the bubbles." Lengthen the intervals between reinforcers as you go along. This may be particularly handy for the child who is manipulative, since you can control the reinforcers. This may also be handy for the child who is getting tired of the testing situation.)

D. Remember to keep the positive messages going, even if you have to "tell" the child to do what he/she was about to do anyway and praise that. Build your image with the child as a kindly, fairly exciting but predictably firm adult, who likes the child and is (will be) pleased with his/her effort.

VIII. Management

A. Don't confuse the child. The younger the child (infant), the more important it is to be spare and clean in your movements and use of materials. With babies, it helps to exaggerate your movements a little so that they will see what you want. (E.g., really "pat the dolly" on the Bayley and then motion for baby to do it.) Make clear when you expect the child to respond by handing materials, tone of your voice, etc.

B. Be sensitive to the child's needs. If he/she needs a drink, physical activity, etc., attend to that. The child may prefer the parent to wipe his/her nose, take him/her to potty, etc. But don't take many breaks. You will lengthen the overall time and fatigue the child in the end.

C. Give the child a chance to acquaint him/herself with materials briefly, if necessary (e.g., let 18-month-old see the "bunny" you are going to hide on the Bayley) but not to play with the materials. Among other things, you will lengthen the testing session and fatigue the child. Parents sometimes object to your adherence to structure when the child is attracted by a toy; explain if necessary.

D. Be sure the child is "ready" and expectant when you present a new task. You may need to institute a signal, such as "Get ready!"

E. Even for preschoolers, who are unlikely to be accustomed to playing many games with rules, you can still rely on the "rules" if a child wants to deviate from the task. You can refer to your manual as "the book that tells (you) the rules."

F. Recognize that many of the tasks you ask of the child are too hard, and make as much of a game of that as you can, while encouraging effort. "Here's another real hard one (with a smile)!" "This one is really for bigger kids, but let's try it!"

G. Always be truthful. Don't say you are almost through if you are not.

IX. Miscellany

A. Be sensitive to everything going on! You should know your task well enough that the test itself runs along almost automatically and you are maximally free to observe all aspects of child's behavior (and parent's).

B. Use your own reaction to the child as a cue. If you find yourself having the feeling that you are walking on eggs to keep child from becoming unhappy, then (at least with older preschoolers) you can truthfully tell the worried parent that you are only testing current functioning, which is often unrelated to future performance or potential.

Summary

This manual has attempted to provide an overview of preschool assessment within the context of meeting the eligibility requirements for special services in the State of Washington, and WAC 392-171-381. Providing services to preschoolers is a recent phenomenon, and many educational personnel have not previously been involved in preschool assessment. Preschool children do differ dramatically from school age children, and an understanding of their developmental characteristics can facilitate the assessment process.

Establishing eligibility for special services now requires documentation of 25% delay in two of eight developmental spheres or areas. Specific tests and other assessment procedures presented for each of the eight areas are intended to serve as models. But knowing what test to use is now always enough with a population a unpredictable as preschoolers. This is why an entire section was devoted to specific issues of concern in testing these children. Taking advantage of these suggestions will do much to make the assessment process more enjoyable for everyone.

Beyond the requirements for establishing eligibility and the specifics of doing so, a major point to be made is tht assessment must be a team process, and the recommendation for special education services the result

of team summary. A responsible team decision requires diverse professional input, with the knowledge and data from each professional equally weighted. The goals are recognition of preschool childrens' needs and the provision of appropriate services.

Annotated Bibliography

A book is available which lists descriptive characteristics of all preschool tests currently available. The book is entitled Preschool Test Descriptions, by H. W. Johnson. It was published by Charles C. Thomas, Springfield, Illinois in 1979. The book is useful for reference to supplement the selected tests described below.

Annotated Bibliography of Preschool Tests

1. Bayley Scales of Infant Development. Published by the Psychological Corporation (1969). The Bayley is a standardized assessment instrument for evaluating developmental skills for children 2 to 30 months in age. It is divided into three scales: Mental, Motor, and Behavior. It can be used with children older than 30 months who have suspected delays, and can provide an age equivalent. The Bayley Scales can be used to qualify children for eligibility in the following areas: COGNITIVE, GROSS MOTOR, FINE MOTOR.

2. Stanford-Binet Intelligence Scale: 1972 Norms Edition. Published by Houghton Mifflin Company Tests (1973). The Stanford-Binet is a standardized assessment instrument for evaluation of intelligence or cognitive ability. Norms are available from ages 2 years through adulthood, and a standard score obtained. The Mental Age score produced is no longer meaningful since the transition from a ratio IQ (MA/CA x 100) to the standrd score format. It is a test strictly for pschologists, and can be used to qualify children for eligibility in the following area: COGNITIVE.

3. Wechsler Preschool and Primary Scale of Intelligence (WPPSI): Published by the Psychological Corporation (1967). The WPPSI is a standardized assessment instrument for evaluation of intelligence or cognitive ability. Norms are available for ages 4 through 6 1/2, although the test is quite difficult for cognitively delayed children below five years of age. The test provides a Verbal Scale IQ, a Performance Scale IQ (cognitive tasks requiring visual/perceptual motor skill) and an overall IQ. The IQ is derived from a standard score, not age equivalents. The WPPSI is strictly for use by psychologists, and can be used to qualify children for eligibility in the following areas: COGNITIVE, RECEPTIVE/EXPRESSIVE LANGUAGE.

4. Leiter International Performance Scale: Published by The Stoelting Company, Chicago, Illinis (1948 Revision). The Leiter is a standardized assessment instrument for evaluation of NONVERBAL intelligence or cognitive ability. This instrument is often used with children

from different language or cultural backgrounds, and with hearing impaired children. Norms are available for ages 2 through adulthood, and IQ is obtained by ratio (MA/CA x 100). There are two forms: the Leiter original and the Arthur Adaptation. The Arthur Adaptation is mostly a difference in scoring process with minimal administration changes. The Leiter can be used to qualify children in the following area: COGNITIVE. Caution should be used in interpretation due to 30 year old norms.

5. Columbia Mental Maturity Scale: Published by Harcourt, Brace, & Janovich (1972), New York (third edition). The CMMS is a standardized test of NONVERBAL cognitive reasoning and ability. This instrument if often used with children from different language or cultural backgrounds, and with hering impaired children. Norms are available for children aged 3 1/2 to 9 years. The test provides and Age Deviation Score (a standard score with a mean = 100, standard deviation = 16), and a Maturity Index which indicates the age level in the norm group which the child's performance most closely resembles. The CMMS can be used to qualify children for eligibility in the following area: COGNITIVE.

6. Sequenced Inventory of Communication Development: Published by University of Washington Press (1975). The SICD is a standardized measure of expressive and receptive language skills. Norms are available for children aged 4 months to 48 months. Scores are reported in age equivalents rather than standard score form, and separate age equivalents are obtained for both receptive language skills and expressive language skills. The SICD can be used to qualify children for eligibility in the following areas: RECEPTIVE LANGUAGE, EXPRESSIVE LANGUAGE.

7. Peabody Picture Vocabularly Test: Published by American Guidance Service, Inc., Minneapolis, Minnesota (1965). The PPVT is a standardized assessment instrument which measures receptive language skills and provides an estimate of "verbal" intelligence (understanding of verbal concepts). Scores are reported in both a standard score format (for IQ) and a mental age. Percentile ranks are also available. Norms are available for children ages 2 1/2 to 18 years. The PPVT can be used to qualify children for eligibility in the following areas: RECEPTIVE LANGUAGE, COGNITIVE.

8. Developmental Sentence Scoring: Published by the Northwestern University Press, Evanston, Illinois (1974). The DSS is a standardizes assessment of expressive language skill for children aged 3 years to 8 years. It primary focus is grammatical structure. Scoring is by percentiles and age scores. The DDS can be used to qualify children for eligibility in the following area: EXPRESSIVE LANGUAGE.

9. Vineland Social Maturity Scale: Published by American Guidance Service, Inc., Circle Pines, Minnesota (1965). The Vineland is a standardized (minimally) assessment instrument designed to evaluate self-help skills and social skills. Norms are available from ages 3 months thrugh adulthood. This is an interview scale rather than a task presentation test, and therefore should be regrded more as a screening device. Scores obtained are presented as age scores. The Vineland can be used to qualify children for eligibility in the following areas: SELF-HELP, SOCIAL.

10. Preschool Attainment Record: Published by American Guidance Service, Inc., Circle Pines, Minnesota (1966). The PAR is not a standardized instrument, and was developed to be used in conjunction with the Vineland Social Maturity Scale. it is intended for use with children from 6 months to 7 years of age, and again is an interview format as opposed to direct testing of ability. It measures skills in areas involving motor skills, communication skills, and cognitive skills; provides age scores for individual areas, a composite attainment age, and an Attainment Quotient (ratio score). The PAR can be used to qualify children for eligibility in the following areas: GROSS MOTOR, FINE MOTOR, EXPRESSIVE LANGUAGE, COGNITIVE.

11. Alpern-Boll Developmental Profile: Published by Psychological Development Publications, P. O. Box 3198, Aspen, Colorado 81611 (1972). The Alpern-Boll is a standardized screening instrument which assesses development in five areas: motor, self-help, social, academic (cognitive), and communication. Norms are available for children aged 6 months to 11 years. This is an interview measure generally, although it can be used as a direct test. Age scores are reported for each developmental area, and an estimated IQ equivalency can be obtained (ratio format). The Developmental Profile can be used to qualify children for eligibility in the following areas: MOTOR (gross/fine), SELF-HELP, SOCIAL, COGNITIVE, and LANGUAGE (receptive/expressive).

12. Developmental Test of Visual-Motor Integration: Published by Follett Publishing Company, Chicago, Illinois (1967). The VMI is a standardized assessment instrument measuring visual perception and motor coordination. Age norms are available for children from ages 2-15 years, although it was designed primarily for preschool and early primary grades. Scores are reported as age equivalents. The VMI can be used to qualify children for eligibility in the following areas: FINE MOTOR, SENSORY.

13. Test for Auditory Comprehension of Language: Published by Learning Concepts, 2501 N. Lamar, Austin, Texas 78705, 1973. The TACL is a normed measure of receptive language skill, measuring form and function words, morphological construct, grammatical categories, and syntactic structure. It is normed for children aged 3 years to 6

years. It provides an age score and percentile rank, and a standard score can be derived. The TACL can be used to qualify children for eligibility in the following area: RECEPTIVE LANGUAGE.

14. Illinois Test of Psycholinguistic Abilities: Published by University of Illinois Press, Urbana, Illinois 61801. The ITPA is a standardized assessment instrument designed to measure a number of language and sensory abilities. There are 10 subtests and two additional supplemental tests of verbal, auditory, and visual abilities. Age norms begin at 2 years 4 months and go to age 10. The ITPA provides age scores for each of the 10 areas, and an overall psycholinguistic age score. The ITPA can be used to qualify children for eligibility in the following areas: RECEPTIVE LANGUAGE, EXPRESSIVE LANGUAGE, SENSORY.

15. Carrow Elicited Language Inventory: Published by Learning Concepts, 2501 N. Lamar, Austin, Texas 78705. The CELI is a normed assessment of children's expressive language abilities. Age norms range from 3-8 years, and the scores are reported as percentile ranks and standard scores. The basic skill involves imitation of increasingly complex sentences, and requires audio taping capability. The CELI can be used to qualify children for eligibility in the following area: EXPRESSIVE LANGUAGE.

16. Peabody Developmental Motor Scales: Available from Dr. Rebecca DuBoise, Experimental Education Unit, WJ-10, University of Washington, Seattle, WA 98195. The Peabody is a normed assessment of gross and fine motor development. It is comprehensive, and for use with children from birth to seven years. The scores for each scale are reported as age equivalents. The Peabody can be used to qualify children for eligibility in the following areas: GROSS MOTOR, FINE MOTOR.

17. Southern California Sensory Integration Test: Published by Western Psychological Services, Los Angeles, CA. the SCSIT is a standardized test which measures numerous functions of motor, sensory, and perceptual abilities. It is a comprehensive evaluation tool, and requires examiners to be certified. Age norms begin at age 4 and scores are reported as standard deviations. The SCSIT can be used to qualify children for eligibility in the followng areas: FINE MOTOR, SENSORY.

18. McCarthy Scales of Children's Ability: Published by the Psychological Corporation, New York, New York. The McCarthy is a standardized instrument designed to assess children's cognitive abilities. It has a number of scales, (Verbal, Perceptual-Performance, and Quantitative) which seem to provide a general cognitive index score. it also includes a Motor Scale and a Memory Scale. Each scale produces a standard score. Age norms are available for preschool children from age 2 1/2. Some clinical findings have indicted tht the McCarthy underestimates children with developmental delay, so care must be taken to assure accuracy (a cross check with the Binet may be helpful).

The McCarthy can be used to qualify children for eligibility in the following areas: COGNITIVE, GROSS MOTOR, SENSORY.

19. Frostig Development Test of Visual Perception: Published by Consulting Psychologists Press, Palo Alto, CA. The Frostig is a standardized test for perceptual abilities for children aged 3-10 years. It measures, eye-motor coordination, figure-ground, constancy of shape, position of space, and spatial relationships. Scores are reported as perceptual age equivalents and can be converted to standrd scores. The Frostig can be used to qualify children for eligibility in the following area: SENSORY.

20. Bender Gestalt Test for Young Children: Test form published by American orthopsychiatric Association, NY, NY and the scoring manual is published by Grune and Stratton, Ny, NY (by E. Koppitz). The Bender is a test of perceptual motor functioning for children aged 5 and above. It is normed, and scores achieved are age scores. It is minimally useful because the age norms are for older preschoolers, but it can be used to qualify children for eligibility in the following area: SENSORY.

21. AAMD Adaptive Behavior Scale: Published by AAMD, 5201 Connecticut Ave., NW, Washington, D.C. 20015. The ABS is a normed questionnaire which provides measures of a child's self-help skills and social skills. It can be completed by an examiner very familiar with the child, or given as an interview to the parent. Age norms go down to age 3. Scores are reported as percentile rank, and standard deviations. The ABS can be used to qualify children for eligibility in the following areas: SELF-HELP, SOCIAL.

22. Godlman, Fristoe; Woodcock Test of Auditory Discrimination: Published by American Guidance Service, Circle Pines, Minnesota. The T-A-D is a test of auditory discrimination ability for children aged 1 and above. The test has been standardized and scores are reported as standrd scores with a specific standard deviation. This test can be used to qualify children for eligibility in the following area: SENSORY.

23. Wepman Auditory Discrimination Test: Copyrighted by J. M. Wepman, 17 E. Delaware, Chicago, Illinois 60611. The Wepman is a normed instrument measuring a child's ability to discriminate between alike sounding words (Tub-Tug). However, age norms begin at year 5, which makes its use with preschoolers limited. The test also does not provide a specific score, but provides an error score which is compared against an age norm. The WEPMAN can be used to qualify children for eligibility in the following area: SENSORY.

24. Burks' Behavior Rating Scales: May be obtained from Adin Press, P. O. Box 844, Hunting Beach, CA 92648. Two separate levels for use with

children from preschool thrugh grade eight. Level I is for preschoolers, with one form, four pages long. There is no manual for Level I and scoring guides for this level are included in the Level 2 manual. The scales generate a one-page profile. There are no data on reliability, nor any norms. This scale as it exists would not qualify a child in any of the areas as per WAC 392-171-381, however, it could provide suportive evidence to professional observations.

25. Developmental Indicators for the Assessment of Learning (DIAL): May be obtained from Dial, Inc., 1233 Lincoln Ave. South, Highland Park, IL 60035. A screening test to identify children from age 2.5 through 5.5 years of age with potential learning problems. The test generates four scores fomr 118 items: fine motor, concepts, communication and gross motor. There is one form, a manual (76 pages), a two page score sheet, cutting card (2 pages), and a training package (43 pages). Some testing materials are not included (e.g. balance beam and playdough). Takes approximately 20-30 minutes per child. Limited reliability data. Norms for scoring based on sample from Illinois heavily biased toward Black, low SES children and may give an unacceptably high level of false negatives. It may be used to qualify a preschool child in the areas of gross motor, fine motor, cognitive and communication as per May, 1980 draft of WAC 392-171-381.

26. Utah Test of Language Development (Revised Edition): Formerly the Utah Verbal Language Development Scale. A "direct-test" revision of the "Informant-Interview" earlier version. It is designed for use with children from 1.5 through 14.5 years of age but appers most useful with preschool age children. This is an extension of the communication section of the Vineland Social Maturity Scale. The norms re based on a very limited sample of children from Utah and the test should not be used with children with "visual-perceptual problems", "inner-city children" according to Buros (1972). As it is currently normed would not be adequate to qualify a preschool child in the communication area as per May, 1980 draft of WAC 392-171-381.

27. Personality Inventory for Children: Published by Western Psychological Services (1977), 12031 Wilshire Blvd., Los Angeles, CA 90025. This is a 600 item personality test, similar in format to the Minnesota Multiphasic Personality Inventory (MMPI), which requires advanced specialized psychological training for accurate interpretation. The questionnaire is completed by a parent and results yield a profile of t-scores on 16 scales. The test has norms for children 3-6 years old. Its primary use would be to support eligibility in the SOCIAL area.

28. Inventory of Early Development: Albert Brignce, 1978. (Curriculum Associates, 5 Esquire Road, North Billerica, MA 01862) about $50 for the kit and $1.00 each for student record book. This inventory is intended to birth to 7 years and there is a similar instrument by

the same author for grades K-6. It is primarily intended as a criterion-referenced curriculum guide which secondarily provides developmental age equivalent scores. It is not a well-standardized assessment tool. The age equivalent "norms" were obtained by finding similar test items on stndarized instruments and employing those norms for this inventory. The inventory provides "scores" in the following categories: re-ambulatory motor; gross motor; fine motor; self-help; pre-speech; speech and language; general knowledge and comprehension; reading readiness; basic reading; writing; and math. Several reviewers have noted inaccuracies in terminology and on norms for nonacademic items, prticularly with the motor skill sequences.

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